

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

03976

Reg. Dist. No. 116

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County..... Dorchester

City or town..... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

40 years

How long in above place of death?.....

Hospital, institution, or street address where death occurred:

8 Park Lane

How long in hospital or institution?.....

1111

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Dorchester

City or town..... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

8 Park Lane

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Hattie A. Ashby

3. (b) Social Security Number

None

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female Colored Married

6.(b) Name of husband or wife..... George W. Ashby

7. Birth date of deceased (mo., day, yr.) 6.(c) If alive, give age 65 years

January 19, 1882

8. AGE: Year Months Days If less than one day

65 3 17

hrs. min.

9. Birthplace..... Ewell-Somerset-Md.

(Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business..... Home

12. Name..... Judson Sutton

13. Birthplace..... ?

14. Maiden name..... Harrietta ?

15. Birthplace..... Accomac, Va.

16. Informant..... Rev. G. W. Ashby

Address..... Cambridge, Md.

17. Burial.....

(Burial, cremation, or removal. Which?) Date thereof..... May 8, 1947

(month) (day) (year)

Cemetery or crematory..... Lawsonia Cemetery

Location..... Crisfield, Md.

18. Funeral director..... H. Harvey Bradshaw

Address..... Crisfield, Md.

19. (Date rec'd by registrar) May 12 1947

John Murphy, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

May 5

1947 at 9:30 a.m.

21. I CERTIFY that death occurred on the date above elated; that I attended deceased from

May 1, 1947, to May 5, 1947, and that I last saw the deceased alive on May 4, 1947.

Immediate cause of death.....

Cerebral Hemorrhage

Due to.....

Sen. Hypertension

acute episode

DURATION 4

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Meane of injury

Injured at work?

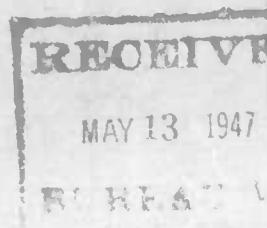
23. SIGNATURE.....

John Murphy, Registrar

M. D. or other

Address..... One Cedar St Cambridge, Md. signed 5/7/47

1
RECEIVED
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,
page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with
the register prior to burial, cremation, or removal, and in any event, within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Dorchester			2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Maryland b. COUNTY Dorchester							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Cambridge						
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 406 Trenton Street			d. STREET ADDRESS 406 Trenton Street			e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) Eva		First P.	Middle BARNES	4. DATE OF DEATH 2-12-63	Month May	Day 14	Year 19 47			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 84 yrs.	9. AGE (In years lost birthday) 84 yrs.	IF UNDER 1 YEAR Months — Days — Hours — Min. —		IF UNDER 24 HRS. Months — Days —			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) New York State		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Washburn			14. MOTHER'S MAIDEN NAME Unknown							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) —		17. INFORMANT None		Address Own records				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b) Arterio sclerotic cardio vascular renal disease 6 yrs. DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH 1-2 minutes				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Angina Pectoris						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) — —								
20c. TIME OF INJURY Month, Day, Year Hour o. m. — 19 p. m. —		20d. INJURY OCCURRED While <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — —		20f. (City or town) — —		(County) — —	(State) — —	
21. I certify that I attended the deceased from 1-5-47 , 19, to 5-14-47 , 19, that I last saw the deceased alive on 4-28-47 , 19, and that death occurred at 3:00 A.M. from the causes and on the date stated above.						ADDRESS (Street, city or town, state) 15 Locust Street, Cambridge, Md.			DATE SIGNED 9-15-58	
ACTUAL SIGNATURE <i>Eldridge H. Wolff</i>		PHYSICIAN'S NAME (Type) Eldridge H. Wolff, M.D.								
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 2-17-47		22c. NAME OF CEMETERY OR CREMATORIAL Greenlawn Cemetery		22d. LOCATION (City, town, or county) Cambridge, Maryland		(State)		
23. FUNERAL DIRECTOR'S SIGNATURE <i>LeCompte Funeral Service Cambridge, Md.</i>						24a. REC'D. BY REGISTRAR DATE SEP 23 '58		24b. REGISTRAR'S SIGNATURE <i>Arthur E. House</i>		

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

03977

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County

City or town

Worcester

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

12 years

Hospital, Institution, or street address where death occurred

How long in hospital or institution?

3. (a) FULL NAME

Mary Fisher Brown

4. Sex

Color or race

6. (a) Single, married, widowed, or divorced

F

W. w.

Widowed

6. (b) Name of husband or wife

William Brown

7. Birth date of deceased (mo., day, yr.)

July 3, 1863

6. (c) If alive, give age, years

8. AGE:

Year

Months

Days

If less than one day

83 10 8 Church min.

9. Birthplace

Old field - near creek

(Town, county, and state)

10. Usual occupation

General labor

11. Industry or business

Robert Brown

MOTHER

FATHER

Sarah J. Fisher

13. Birthplace

Old Field Church

14. Maiden name

Sarah J. Fisher

15. Birthplace

Old Field Church

16. Informant

Gerrman Fisher

17. Burial

6 Ashbridge, Md.

Date thereof

5 19 47

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Vienna, Md.

Location

L. H. Bagnell

18. Funeral director

20, Wash. St.

Address

May 15, 1947

(Date rec'd by registrar)

John Mace, M.D.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

City or town

Cambridge

Street No.

Race St.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13, 1947, at 12:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 5, 1947, to May 13, 1947,

and that I last saw her alive on May 5, 1947.

Immediate cause of death

Septicemia

DURATION

3 days

Due to nephritis, arterio sclerotic unknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

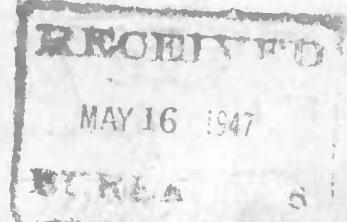
Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lawrence M. M.D. or other

Address 126 Race St. Date signed 5/13/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03978

93d

CERTIFICATE OF DEATH

Reg. Diat. No. 110

1. PLACE OF DEATH:

County DorchesterCity or town Federalsburg - Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 35 yearsHospital, institution, or street address where death occurred: Reliance Road

How long in hospital or institution?

3. (a) FULL NAME

John J. Burke

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo. day, yr.)

February 21, 1869

6. (c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

78

2

28

.....

hrs.

.....

min.

9. Birthplace

Philadelphia, Pennsylvania

(Town, county, and state)

10. Usual occupation

Day laborer

11. Industry or business

Canning Factory

FATHER

12. Name

To date unable

MOTHER

13. Birthplace

14. Maiden name

No data available

15. Birthplace

16. Informant

Mrs. D. Willard Franklin

Address

Federalsburg, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof May 22, 1947
(month) (day) (year)

Cemetery or crematory

Hill Crest Cemetery

Location

Federalsburg, Maryland

18. Funeral director

J. J. Frampton and Son

Address

Federalsburg, Maryland

19. Date rec'd by registrar

May 22, 1947

(Date rec'd by registrar)

Charles H. Hartman

Registry

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty DorchesterCity or town Federalsburg

- Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Reliance Road

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 19, 1947 at 12 noon

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 11, 1947 to May 19, 1947
and that I last saw him alive on May 19, 1947

Immediate cause of death

Chronic myocarditis

DURATION

Due to

Due to

Other conditions

Chronic myocarditis

10 yrs.

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frank J. Franklin, M.D.

M. D. or other

Address

Federalsburg, Maryland

Date signed

5/22

RECEIVED

MAY 31 1947

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

CERTIFICATE OF DEATH

03979
Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Byrn St.

How long in hospital or institution?

3. (a) FULL NAME

James Nichles Dawson Cantwell

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Rosa Albrighton-1904

Fannie Adkins

6. (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.)

April 11, 1875

8. AGE:

Years
72Months
-Days
28

If less than one day

hrs. min.

9. Birthplace

Castle Haven, Dor. Co., Md.

(Town, county, and state)

10. Usual occupation

Waterman

11. Industry or business

Seafood

MOTHER FATHER

James F. Cantwell

13. Birthplace

Maryland

14. Maiden name

Rebecca Kimmey

15. Birthplace

Maryland

16. Informant

Mrs. Fannie Cantwell

Address

Byrn St., Cambridge, Md.

17. Burial

Date thereof May 12, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Cambridge Cemetery

Location

Cambridge, Maryland.

18. Funeral director

LeCompte's Funeral Service

Address

Cambridge, Maryland.

19. Date rec'd by registrar

5-12-47

John MacLeod

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 9, 1947, at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to 19...

and that I last saw h. 111... alive on

May 9, 1947.

Immediate cause of death Coronary Thrombosis

DURATION

Due to Hypertension

Due to

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results None performed

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Data of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Halter & Gunby, M.D.

M. D. or other

Address CAMBRIDGE, Date signed MAY 10/47

M
age

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 13 1947

RCR

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

164c
03980

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: Marbletoes

County

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? entire life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME Leonard P. Cooke

4. Sex

5. Color or race Male White Married

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife Amelia Hodson

34

7. Birth date of deceased (mo., day, yr.)

July 7 - 1912

6. (c) If alive, give age years

8. AGE: Years

Months Days If less than one day

34

10

7

hrs.

min.

9. Birthplace

(Town, county, and state) Cambridge

10. Usual occupation

Manager of Canning Factory

11. Industry or business

Clarence Cooke

12. Name

Clarence Cooke

13. Birthplace

Har. Co.

14. Maiden name

Helen Thomas

15. Birthplace

Cambridge

16. Informant

Mrs. Amelia P. Cooke

Address

306, Henry St.

17. Burial

(Burial, cremation, or removal. Which?) BurialDate thereof 5-17-1947

(month) (day) (year)

Cemetery or crematory

Greenlawn

Location

Cambridge, Md.

18. Funeral director

Kenneth R. Thomas

Address

Cambridge, Md.

19. Date rec'd by registrar

May 17 1947

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. MarysCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

214-07-8219

MEDICAL CERTIFICATION

May 14-47 1947 P.M.

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw h. alive on 19.

Immediate cause of death

Injury to BrainDue to Pistol shot throughright templeDue to XOther conditions X

(Include pregnancy within 8 months of death)

Major findings of operations X

Date of op.

Autopsy results

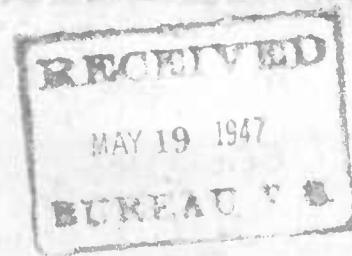
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of May 14/47Where did injury occur? Cambridge - H. & L. Md. (City or town) (County) (State)Injured at home, farm, industry, public place (where?) at canning factoryMeans of injury Pistol shot Injured at work? No23. SIGNATURE Joe B. Shriver, D. M. D. Exam.

M. D. or other

Address Cambridge - Md. Date signed May 15/47



RECEIVED

MAY 30 1947

FEDERAL BUREAU OF INVESTIGATION

Evidence for the change of residence is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03982

FILM NO. G 11 JUN 10 1947 CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH:

County

Dorchester

City or town

East New Market.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME:

William, R. Deane

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Single

8. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

years

april 6 1870

8. AGE:

Years
77

Months
01

Days

If less than one day
.....hrs.min.

9. Birthplace

(Town, county and state)

10. Usual occupation

Painter

11. Industry or business

MOTHER

FATHER

12. Name

James Deane

13. Birthplace

Md.

14. Mother's name

Emily Ross

15. Birthplace

Md.

16. Informant

Mary H. Deane

Address

East New Market

17. Burial

Date thereof June 1st 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Cemetery

Location

East New Market

18. Funeral director

J. B. McLaughlin

Address

East New Market

19. Date rec'd by registrar

May 31 1947

Elizabeth C. Smith

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Dorchester

City or town

East New Market

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 29 1947 at 12 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1 1946 19. to May 29 1947

and that I last saw him alive on May 28 1947

Immediate cause of death

Pneumonia

Influenza

DURATION

7 days

Due to

Arthritis, chronic

Due to

Meat tender

years

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

.....

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

.....

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

23. SIGNATURE

R. D. Brown, M.D.

M. D. or other

Address

East New Market

Date signed

RECEIVED

JUN 4 1947

BUREAU 75

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

159

CERTIFICATE OF DEATH

Reg. Dist. No. 0398116

1. PLACE OF DEATH:
County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life (3 hours)

Hospital, institution, or street address where death occurred: Cambridge Maryland Hospital

How long in hospital or institution? 3 hours.

3. (a) FULL NAME

"Infant" Devos

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Infant

6.(b) Name of husband or wife: -

7. Birth date of deceased (mo., day, yr.) May 16, 1947

8. AGE: Years	Months	Days	If less than one day
-	-	-	3 hrs. 0 min.

9. Birthplace Cambridge, Maryland
(Town, county, and state)

10. Usual occupation: -

11. Industry or business: -

FATHER 12. Name Henry Stepaen Devos

13. Birthplace Belgian

MOTHER 14. Maiden name Margaret Hauch

15. Birthplace Virginia, U.S.A.

16. Informant Mr. Henry S. Devos

Address Cambridge, Maryland

17. Burial Date thereof May 16, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greenlawn Cemetery

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. May 17, 1947 John M. Devos
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

Street No. 216 West End Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war: -

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16, 1947, at 8:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 16, 1947, to May 16, 1947

and that I last saw him alive on May 16, 1947

Immediate cause of death: Prematurity (22 weeks)

Wgt. 1 lb. 0 oz.

Due to: -

Due to: -

Other conditions: -

(Include pregnancy within 3 months of death)

Major findings of operations: none

Date of op.: -

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: - Date of: -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: - Injured at work? -

23. SIGNATURE: Eldridge Hubbell
(Name or other)

Address: Cambridge, MD Date signed: 5-17-47

RECEIVED

MAY 22 1947

RETRANSM.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

139a

03984

Reg. Diat. No. 116

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County: WorcesterCity or town: Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 days

Hospital, institution, or street address where death occurred:

How long in hospital or institution? 18 days

3. (a) FULL NAME

Eliza Elizabeth Ennels4. Sex: F 5. Color or race: Colored married 6. (a) Single, married, widowed, or divorced: Married6. (b) Name of husband or wife: Colman Ennels7. Birth date of deceased (mo., day, yr.): July 18 6. (c) If alive, give age 41 years8. AGE: 39 Years 10 Months 0 Days If less than one day 0 hrs. 0 min.9. Birthplace: Linar Road (Town, county, and state)10. Usual occupation: Domestic labor11. Industry or business: Leb Load12. Name: Linar Road13. Birthplace: Linar Road14. Maiden name: Sarah E. Trane15. Birthplace: Linar's Road16. Informant: Lillian JohnsonAddress: Crags, Md.17. Burial: Burial Date thereof: 5 16 47

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: CragsLocation: Worcester, Co.18. Funeral director: A. B. LawrenceAddress: 201 Washington19. Date rec'd by registrar: May 15 1947 John MacJ. M. D. or other: Lawrence H. H. M. D.(Date rec'd by registrar) (Signature) (Date signed) 5/13/47

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: MdCounty: WorcesterCity or town: Crags

(If outside city or town limits, write RURAL and give nearest town)

Street No.:

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 11, 1947 at 7 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 23, 1947 to May 11, 1947and that I last saw her alive on May 11, 1947

Immediate cause of death:

PeritonitisDue to: pelvic abscess

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Lawrence H. H. M. D. M. D. or other: Lawrence H. H. M. D.Address: 136 Race St. Date signed: 5/13/47

Cambridge, Md.

RECEIVED

MAY 16 1947

SCHEAVER

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03985

CERTIFICATE OF DEATH

Reg. Dist. No. 16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH:

County..... Dorchester

City or town..... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 5 years 7 months 4 days

Hospital, Institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution?..... 5 years 7 months 4 days

3. (a) FULL NAME

Anna W. Feeks

4. Sex..... 5. Color or race..... 6.(a) Single, married, widowed, or divorced

Female White Widowed

6.(b) Name of husband or wife..... Glendon Feeks

7. Birth date of deceased (mo., day, yr.)..... 6.(c) If alive, give age..... years

January 16 1864

8. AGE: Years Months Days If less than one day

83 3 16 hrs. min.

9. Birthplace..... Bangor Maine

(Town, county, and state)

10. Usual occupation..... Domestic

11. Industry or business..... Private homes

12. Name..... Robert Wyer

13. Birthplace..... Maine

14. Maiden name..... Celinda Casey

15. Birthplace..... Ireland

16. Informant..... Hospital Records

Address..... Cambridge, Maryland

17. Burial..... Date thereof..... May 5, 1947

(Burial, cremation, or removal. Which?)

Cemetery or crematory..... Greenlawn Cemetery

Location..... Cambridge, Maryland

18. Funeral director..... LeCompte's Funeral Service

Address..... Cambridge, Maryland.

19. Date rec'd by registrar..... 5/5 1947

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Wicomico

City or town..... Salisbury

(If outside city or town limits, write RURAL and give nearest town)

Street No..... unknown

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 2, 1947, at 10:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 28, 1941, to May 2, 1947, and that I last saw her alive on May 2, 1947.

Immediate cause of death.....

Arteriosclerotic cardiovascular disease.

DURATION

3 years

Due to.....

Senility.

Due to.....

Other condition Senile Psychosis.

6 years

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, pub'l place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE.....

Address..... Cambridge, Maryland Date signed..... 8/2/17

M. D. or other

RECEIVED

MAY 7 1947

BUREAU # 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03986

97

CERTIFICATE OF DEATH

Reg. Dist. No. LL6

1. PLACE OF DEATH: Dorchester
 County Cambridge
 City or town. (If outside city or town limits, write RURAL and give nearest town)
56 Years
 How long in above place of death?
 Hospital, Institution, or street address where death occurred:
407 Byrn St.,
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)
 Street No. 407 Byrn St. (If rural, give LOCATION)
 2.(a) If veteran, name war.

3. (a) FULL NAME
Minnie Jahn Gerlach

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife John George Gerlach
 Died 3/31/1928 6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25, 1860

8. AGE:

Years	Months	Days	If less than one day
87	2	6	hrs. min.

9. Birthplace Greenfield, Mass.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Domestic

12. Name Not Known

13. Birthplace " "

14. Maiden name Not Known

15. Birthplace " "

16. Informant Mrs. Omro G. Hearn,

Address Cambridge, Maryland

17. Burial Date thereof June 3, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cambridge Cemetery

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. June 3rd Date rec'd by registrar 1947 John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31, 1947 at 3:11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1947 to May 31, 1947 and that I last saw her alive on May 31, 1947

Immediate cause of death.

Generalized arteriosclerosis Unknown

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

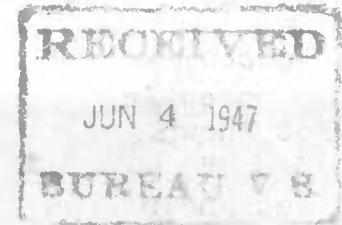
Injured at home, farm, industry, public place (where?)

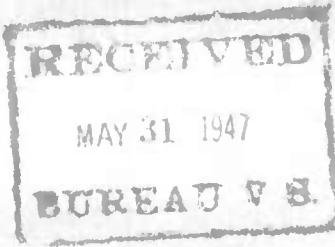
Means of injury

Injured at work?

23. SIGNATURE L. O. Meredith M. D. or other

Address Cambridge, Maryland Date signed June 3, 1947





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

03988

Reg. Dist. No. 110

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Thomas Daniel Harper

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May 25 1880

8. AGE:

Years Months Days It less than one day

66

11

17

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

Casual Collector

11. Industry or business

Thomas B. Harper

12. Name

13. Birthplace

14. Maiden name

Eliza P. Medford

15. Birthplace

Mrs C. C. Crippen

16. Informant

Burlock

Address

Burial Cemetery

17. Burial

Date thereof May 11, 1947

(Burial, cremation, or removal? Which?) (month) (day) (year)

Cemetery or crematory

Burlock

Location

T. B. St. Loughery

18. Funeral director

Burlock

Address

Chesterfield

19. May 11, 1947

(Date rec'd by registrar)

Chesterfield

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

May 8 1947 at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 1946 to May 8 1947

and that I last saw him alive on May 7 1947

Immediate cause of death Coronary thrombosis

DURATION 1 minute

Due to General Arteriosclerosis 1 yr +

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

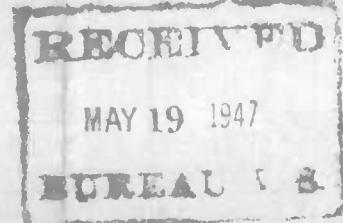
Means of injury Injured at work?

23. SIGNATURE

Harrison MD

Burlock Md Date signed 5/10/47

M. D. or other



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

52a

4515

CERTIFICATE OF DEATH

Reg. Dist. No. 112

1. PLACE OF DEATH:

County

City or town

North Chester

Vienna

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Clarence Higgins

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white Married

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

April 13, 1872

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

Sawmill

MOTHER FATHER

12. Name

Samuel Higgins

13. Birthplace

MD

14. Maiden name

Josephine Blyton

15. Birthplace

MD

16. Informant

Mrs. Clarence Higgins

Address

Vienna

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof (month) (day) (year)

May 30 1947

Cemetery or crematory

Cemetery

Location

Buckboard

18. Funeral director

F. B. Waller

Address

East New Market

19. (Date rec'd by registrar)

June 5 1947

Elizabeth B. Brink

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County North Chester

City or town Vienna (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 28, 1947 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 10 1947 to May 19 1947 and that I last saw him alive on May 17 1947

Immediate cause of death

Metastatic Carcinoma DURATION 2 yrs

Due to Adenocarcinoma of Pelvis RT Kidney DURATION 2 yrs

Due to Adenocarcinoma of Pelvis RT Kidney DURATION 2 yrs

Other condition Adenocarcinoma of Pelvis RT Kidney DURATION 2 yrs

Major findings of operation Adenocarcinoma of Pelvis Kidney Date of op. 7 years ago

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

M. H. or other

Address Cambridge Date signed 1947

RECEIVED

JUN 7 1947

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03989
93d

CERTIFICATE OF DEATH

Reg. Distr. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 year

Hospital, institution, or street address where death occurred:

Phillips St. Ext.

How long in hospital or institution?

3. (a) FULL NAME

John Holland

3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

male colored married

6.(b) Name of husband or wife Ruth Holland

7. Birth date of deceased (mo., day, yr.) about 1899 6.(c) If alive, give age 25 years

8. AGE: Years Months Days It less than one day
about 48 x x .hrs. .min.9. Birthplace Virginia
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Canning House

12. Name not known

13. Birthplace x

14. Maiden name not known

15. Birthplace x

16. Informant Ruth Holland

Address Phillips St. ext. Cambridge, Md.

17. Burial Date thereof May 3/47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery

Location Cambridge, Del. City

18. Funeral director Lewis H. Bayne Jr.

Address Cambridge

19. June 3-1947
(Date rec'd by registrar)John M. Jr. *John M. Jr.*
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

Street No. Phillips St. ext.

(If rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1947 a 6-30P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

X 19. to X 19.

and that I last saw h. alive on X 19. to X 19.

Immediate cause of death
HemoptysisDue to Myocardial Degeneration
and valvular conditions

Due to Arterio-sclerosis

Other conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other
Address Cambridge, Md. Date signed May 23/47

RECEIVED

JUN 4 1917

BUREAU OF S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03990

CERTIFICATE OF DEATH

1706
Reg. Dist. No. 116

1. PLACE OF DEATH:

County. Dorchester

City or town. Rural-Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? -

Hospital, Institution, or street address where death occurred:

RFD # 3

How long in hospital or institution? -

3. (a) FULL NAME

Daniel L. Hubbard

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

B. (b) Name of husband or wife

X

Infant

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

1942

8. AGE: Years

5

Months

Days

If less than one day

.....hrs.min.

9. Birthplace

Cleveland, Ohio

(Town, county, and state)

10. Usual occupation

- X

11. Industry or business

X

12. Name

Richard C. Hubbard

13. Birthplace

Maryland

14. Maiden name

Dorothy Byrne

15. Birthplace

Ohio

16. Informant

Richard C. Hubbard

Address

Cambridge, Md.

17. (Burial, cremation, or removal. Which?)

Date thereof (month) (day) (year)

Cemetery or crematory

Barretts Chapel

Location

Fredericca Del.

18. Funeral director

LeCompte Funeral Service.

Address

Cambridge, Md.

19. (Date rec'd by registrar)

May 12 - 1947

John MacIntyre
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State. Maryland

County. Dorchester

City or town. Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 102 Locust St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10, 1947, at 10 30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw h. alive on X 19... to 19... to 19...

Immediate cause of death

Fracture to Brain - due to fracture of base of skull

Due to Fracture left Femur +

Due to left clavicle.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. accident Date of May 12, 1947

Where did injury occur? Lloyd's, Del. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) on State Road

Means of injury Automobile Injured at work? No

23. SIGNATURE

M. D. or other

Address. Cambridge, Md. Date signed May 14, 1947

RECEIVED

MAY 13 1947

BUREAU of

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

183

CERTIFICATE OF DEATH

03991

Reg. Dist. No. 16

1. PLACE OF DEATH:
County Dorchester

City or town Taylors Island
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Drowned, Slaughter Creek.

How long in hospital or institution?

3. (a) FULL NAME

Cecil M. Jenkins

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	single

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.) June 9, 1924.

8. AGE: Years	Months	Days	If less than one day
22	11	16	hrs. min.

9. Birthplace Golden Hill, Md.
(Town, county, and state)

10. Usual occupation Farmer-waterman

11. Industry or business

12. Name Alonza M. Jenkins

13. Birthplace Md.

14. Maiden name Pearl Riggins

Md.

15. Birthplace

16. Informant Mrs. Alonza Jenkins
Golden Hill, Md.

Address

17. burial Date thereof 5/27/47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park
Cambridge, Md.

18. Funeral director Le Compte Funeral Service
Address Cambridge, Md.

19. May 29 - 1947 John Mack
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

Md. Dor.

State County

City or town Golden Hill
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1947 at 11-25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on 19. to 19.

Immediate cause of death

Drowning - (Accidental)

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of May 25/47

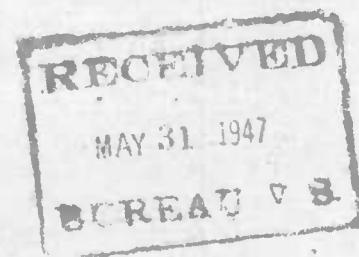
Where did injury occur? Taylors Island Dr. - I Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Slaughter Creek

Means of injury drowning Injured at work? No

23. SIGNATURE Dr. B. Shriver - Del Med Exam M. D. or other

Address Cambridge, Md. Date signed May 28/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. True correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03992

170c

CERTIFICATE OF DEATH

Reg. Diat. No. 100

1. PLACE OF DEATH:

County BaltimoreCity or town Federalburg - Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 daysHospital, institution, or street address where death occurred: Dear Williamsburg

How long in hospital or institution?

3. (a) FULL NAME

Barry Wendell Jones4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife: _____

7. Birth date of deceased (mo. day, yr.) February 2, 1943 6. (c) If alive, give age _____ years8. AGE: Years 4 Months 3 Days 14 If less than one day _____ hrs. _____ min.9. Birthplace Greenwood, Delaware
(Town, county, and state)10. Usual occupation Infant11. Industry or business —12. Name Jasper L. Jones13. Birthplace Thomasville, Georgia14. Maiden name Isabella Wieding15. Birthplace Bivalve, Maryland16. Informant Dr. Jasper L. JonesAddress Oxford, Maryland17. Burial Date thereof May 18, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory BivalveLocation Bivalve Md18. Funeral director Warren & Neuman & sonsAddress Easton Md19. May 17, 1947 (Date rec'd by registrar)Signature Chas W. Tedrow

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SalisburyCity or town Oxford
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war: _____

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1947 at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. _____, to _____, 19. _____

and that I last saw him alive on _____, 19. _____

Immediate cause of death Injury to BrainDue to Crushing of SkullDue to Rear wheel of truck ran over head

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of May 16, 1947Where did injury occur? in Federalburg, Md. (City or town) (County) (State)Injured at home, farm, industry, public place (where?) farmMeans of injury Automobile Injured at work? No23. SIGNATURE Dr. H. Shriver, D.C. Med Examin.

M. D. or other

Address Cambidge - Md. Date signed May 16, 1947

RECEIVED

MAY 19 1947

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age. It is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

03993

116

Reg. Diat. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Three Weeks

How long in above place of death?

Hospital, institution, or street address where death occurred:

Cambridge Maryland Hospital

How long in hospital or institution? Three Weeks

3. (a) FULL NAME

Emma Tuttle Lowe

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6. (b) Name of husband or wife Daniel C. Lowe

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1890

8. AGE: Years	Months	Days	If less than one day
56	6	3	hrs. min.

9. Birthplace Salem, Dor. Co., Maryland.

(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Home

12. Name Robert Phillips

13. Birthplace Maryland

14. Maiden name Grace Kinnaman

15. Birthplace Maryland

16. Informant Mr. Daniel C. Lowe

Address East New Market, Md.

17. Burial Date thereof June 1, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Salem Church Cemetery

Location Salem, Dor. Co., Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 5-31. 1947

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Rural-East New Market

(If outside city or town limits, write RURAL and give nearest town)

Street No. East New Market

(If rural, give LOCATION)

2.(a) If veteran, name war. -

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29, 1947, at 6:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 9, 1947, to May 29, 1947, and that I last saw her alive on May 26th, 1947.

Immediate cause of death.

Myocardial Failure

DURATION

1 Mo.

Due to advanced arteriosclerosis

generalized

Due to Diabetes mellitus

6 Mo.

2 Mo.

+

Other conditions arteriosclerosis

gastric R. Foot

(Include pregnancy within 3 months of death)

3 Mo.

Major findings of operations. None

Date of op.

Autopsy results. None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. - Date of -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Eldridge Wolff

M. D. or other

Address Cambridge, Md. Date signed 5-31-47

RECEIVED

JUN 2 1947

BUREAU OF SP

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03994

10602

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Life

How long in above place of death?

Hospital, institution, or street address where death occurred:

Cambridge Maryland Hospital

How long in hospital or institution?

3. (a) FULL NAME

Peggy Ann McGrath

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Jan. 26, 1947

8. AGE: Years 3 Months 25 Days 25 If less than one day hrs. min.

9. Birthplace Cambridge, Dor. Co., Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name E. Eldridge McGrath

13. Birthplace Maryland

14. Maiden name Grace Todd

15. Birthplace Maryland

16. Informant Mr. E. Eldridge McGrath

Address Cambridge, Maryland

17. Burial Date thereof May 23, 1947

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. May 23, 1947 John M. McGrath, M.D.

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. Boundary Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21, 1947, at 5:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 20, 1947, to May 21, 1947, and that I last saw her alive on May 21, 1947.

Immediate cause of death

Acute dilatation of heart

DURATION

4 hours

Due to Acute bronchial obstruction

Due to Acute pneumo bronchitis 1 day

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

M. D. or other

Date signed

RECEIVED

MAY 26 1947

BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1310

03995

CERTIFICATE OF DEATH

Reg. Dist. No. 115

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If incorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County

Baltimore

City or town

Rock Creek

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

8 months

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John Asou Meekins

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

m negro widow.

6. (b) Name of husband or wife

Mary Rose Meekins

Deceased

6. (c) If alive, give age

years

7. Birth date of deceased (m., day, yr.)

March 1, 1887

8. AGE:

Years

Months

Days

If less than one day

60

2

16

hrs.

min.

9. Birthplace

Meekins Neck Md

(Town, county, and state)

10. Usual occupation

Lan labor

11. Industry or business

MOTHER FATHER

John Meekins

12. Name

Golden Hill

13. Birthplace

Mary Langel

14. Maiden name

Golden Hill

15. Birthplace

William Meekins

16. Informant

Burial

Date thereof

(month) (day) (year)

17. (Burial, cremation, or removal. Which?)

Cremation

Cemetery or cr

Meekins Neck

Location

Meekins Neck, Md.

18. Funeral director

Dr. D. Bayneum

Address

Edwards St - City

19. May 18

19

(Date rec'd by registrar)

Cambridge, Md.

James W. Meekins

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland County

City or town

Rock Creek

Street No.

Route #1

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

NS -

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1945 a.m. 11:45 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 18, 45, to May 18, 1945.

and that I last saw h. in alive on May 18, 1945.

Immediate cause of death

Cardio Renal - Basculer

Diabetes Prostatis Hypertension

Due to (obstruction)

Cardiac Dineapertus

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

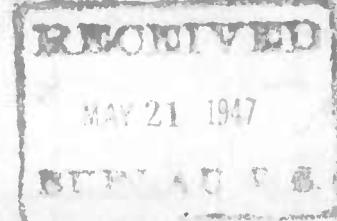
Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James Meekins M. D. or other

Address Fishing Creek Date signed May 18/45



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03996

83a

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County

City or town

Dorchester
Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Cambridge Md. Hospital

How long in hospital or institution? 1 day

3. (a) FULL NAME

John T. Moore

4. Sex

(5) Color or race

Male white Single

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Mar-20-1892

6.(c) If alive, give age years

8. AGE: Year 54 Months 5 Days 12 If less than one day hrs. min.

9. Birthplace Cambridge

(Town, county, and state)

10. Usual occupation Tailor

11. Industry or business Clothing Repairs

12. Name C. Richard Moore

13. Birthplace Slov Co.

14. Maiden name Laura Jane Bradley

15. Birthplace Cambridge

16. Informant Jamie C. Moore

Address 21 Academy St. Cambridge, Md.

17. Burial Date thereof 5-14-1947

(Burial, cremation, or removal. Which?)

Cemetery or crematory Cambridge Cemetery

Location Cambridge, Md.

18. Funeral director Kenneth J. Shimer

Address Cambridge, Md.

19. May 14, 1947 John Mac Jr. M.A.

(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)

Street No. 211 Academy St. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

218-16-8287

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1947 2:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 10 1947 to May 12 1947

and that I last saw him alive on May 11 1947

Immediate cause of death

Cerebral Accident, R.I. DURATION 36 hours

Due to

Due to

Other conditions Diabetes mellitus (?) 36 last

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results None Date of op.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Elbridge H. Welford M. D. or other

Address Cambridge, Md. Date signed 05-14-1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

97

03997

CERTIFICATE OF DEATH

Reg. Dlat. No. 110

1. PLACE OF DEATH:

County DorchesterCity or town Vienna - Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 1/2 yearsHospital, Institution, or street address where death occurred: Reids Grove

How long in hospital or institution?

3. (a) FULL NAME

John A. Murphy4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Elizabeth E. Murphy7. Birth date of deceased (mo., day, yr.) October 9, 18628. AGE: Years 84 Months 7 Days 6 If less than one day hrs. min.9. Birthplace Brookview Dorchester County, Maryland
(Town, county, and state)10. Usual occupation Waterman11. Industry or business Boat and Seafood12. Name Thomas H. Murphy13. Birthplace Dorchester County, Maryland14. Maiden name Mary E. Waechter15. Birthplace Dorchester County, Maryland16. Informant Mrs. Joseph E. BieAddress Vienna, Maryland, R.F.D.17. Burial Burial Date thereof May 18, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Brookview CemeteryLocation Brookview, Maryland18. Funeral director J. J. Trampman and SonAddress Federalsburg, MarylandMay 17-1947 Charles H. Johnson
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Vienna - Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Reids Grove
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15, 1947 at 2:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 13, 1947 to May 15, 1947 and that I last saw him alive on May 14, 1947Immediate cause of death Gastric Enteritis DURATION 3 day

Due to...

Due to...

Other conditions Arteriosclerosis ?

(Include pregnancy within 3 months of death)

Major findings or operations Date of op.

Autopsy results Date of op.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. H. Kuhlman M. D. FatherAddress Rehoboth and 5th Street Date signed 5/16/47

RECEIVED

MAY 26 1947

BUREAU of

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03998

93d

CERTIFICATE OF DEATH

Reg. Dist. No.

116

1. PLACE OF DEATH: Dorchester
County: CambridgeCity or town: Cambridge (If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 60 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Fauntleroy Newman4. Sex Male 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Amelia Newman7. Birth date of deceased (mo., day, yr.) Nov. 29 1856 8. (c) If alive, give age 90 years8. AGE: 90 Years 5 Months 14 Days If less than one day hrs. min.9. Birthplace West Virginia (Town, county, and state)10. Usual occupation Gen laborer

11. Industry or business

12. Name Russel M. Newman13. Birthplace West Virginia14. Maiden name Apotha Miller15. Birthplace West Virginia16. Informant Nenerva NewmanAddress Cambridge, Md.17. Burial Burial Date thereof May 18 1947 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Waverly CemeteryLocation Cambridge, Md.18. Funeral director W.M. Blair & SonAddress Cambridge, Md.19. May 15-19 1947 John Macel Jr. M.D. (Date rec'd by registrar)2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)State Maryland County DorchesterCity or town Cambridge Md (If outside city or town limits, write RURAL and give nearest town)Street No. 234 High Street (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1947 at 10:50 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/17 1947 to May 5 1947and that I last saw h... in alive on April 21 1947

Immediate cause of death

myocardial failureDue to arterio sclerotic Heart Disease unknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

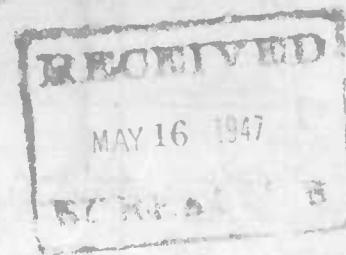
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

M. D. or other J. Morganow M.D. Date signed 5/13/47Address 136 Race St. Cambridge



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03999

93d

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH: **Dorchester**
 County **East NewMarket** (Rural)
 City or town (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **10 yrs.**
 Hospital, Institution, or street address where death occurred: **X**
 How long in hospital or institution? **X**

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State **Maryland** County **Dorchester**
 City or town **East NewMarket** (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **X**
 (If rural, give LOCATION)
 2.(a) If veteran, name war: **X**

3. (a) FULL NAME
Charles Wesley Sampson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	colored	widowed
B.(b) Name of husband or wife Annie Young (deceased)		
7. Birth date of deceased (mo., day, yr.)		6.(c) If alive, give age years
8. AGE: Years 70 Months 5		Days If less than one day hrs. min.
9. Birthplace Dorchester County, Md. (Town, county, and state)		
10. Usual occupation Laborer		
11. Industry or business Farm etc.		
FATHER	12. Name	Jacob Sampson
MOTHER	13. Birthplace	Md.
14. Maiden name Mary Jackson		
15. Birthplace Md.		
16. Informant Morris E. Dockins		
Address East NewMarket		
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 7, 1947 (month) (day) (year)		
Cemetery or crematory East NewMarket Cemetery		
Location East NewMarket		
18. Funeral director J. B. Willoughby		
Address East NewMarket		
19. May 6, 1947 (Date rec'd by registrar)		

MEDICAL CERTIFICATION

20. DATE OF DEATH **May 4, 1947** a.m. 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **X** to **X**, and that I last saw h. alive on **X**.

Immediate cause of death **Chronic Myocarditis**

Due to **Arterio-Sclerosis**

Due to **X**

Other conditions **X**

(Include pregnancy within 3 months of death)

Major findings of operations **X**

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide **X** Date of **X**

Where did injury occur? **X** (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) **X**

Means of injury **X** Injured at work? **X**

23. SIGNATURE **Joe K. Shriver, D.P.M., G.M.**
M. D. or other

Address **Cambridge, Md.** Date signed **May 4/47**

(Date rec'd by registrar)

Registrar

RECEIVED

MAY 12 1947

BUREAU OF SPYING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04000

CERTIFICATE OF DEATH

93d

Reg. Dist. No. 119

1. PLACE OF DEATH:
County Dorchester
City or town Rural-Wingate
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 Years
Hospital, institution, or street address where death occurred:
Wingate
How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Rural-Wingate
(If outside city or town limits, write RURAL and give nearest town)
Street No. Wingate
(If rural, give LOCATION)
2.(a) If veteran, name war -

3. (a) FULL NAME Charles Fred Smith

3. (b) Social Security Number -

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Sarah Dean Smith

7. Birth date of deceased (mo. day, yr.) Jan. 15, 1870 6.(c) If alive, give age 67 years

8. AGE: Years 77 Months 4 Days 11 If less than one day hrs. min.

9. Birthplace Brooklyn, New York (Town, county, and state)

10. Usual occupation Retired

11. Industry or business New York Central Railroad

MOTHER FATHER 12. Name Not Known

13. Birthplace " "

14. Maiden name Not Known

15. Birthplace " "

16. Informant Mrs. Charles F. Smith

Address Wingate, Maryland

Burial Date thereof May 27, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greenlawn Cemetery

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland

19. May 27 1947 Wilson & Pitcher
(Date recd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26, 1947 at 3: A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 20, 1947 to May 24, 1947 and that I last saw him alive on May 24, 1947

Immediate cause of death Congestive Heart Failure DURATION 1mo

Due to Arteriosclerotic vascular

Due to Arteriosclerotic vascular

Other conditions Arteriosclerosis due to Arteriosclerosis due to 100%
(Include pregnancy within 8 months of death)

Major findings of operations - Date of op. -

Autopsy results - PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of -

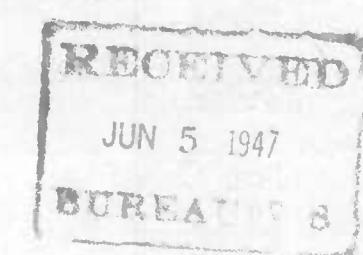
Where did injury occur? - (City or town) - (County) - (State) -

Injured at home, farm, industry, public place (where?) -

Means of injury - Injured at work? -

23. SIGNATURE James A. Thompson M.D. M. D. or other -

Address Cambridge, Md. Date signed May 27, 1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

159

04001

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County..... DorchesterCity or town..... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... Several hrs

Hospital, Institution, or street address where death occurred:

..... Cambridge Md. HospitalHow long in hospital or institution?..... Several hrs

3. (a) FULL NAME

Baby Wilson4. Sex Male 5. Color or race Negro 6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) May 10 19478. AGE: Years Months Days If less than one day Several hrs. hrs. min.9. Birthplace..... Cambridge (Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name..... Francis Wilson13. Birthplace..... Cambridge Dor. Co., Md.14. Maiden name..... Cursell Elliott15. Birthplace..... Cambridge, Dor. Co., Md.16. Informant..... Francis WilsonAddress..... Cambridge Dor. Co. Md17. Burial..... Burial Date thereof..... May 12 1947

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Cordtown Dor. Co. MdLocation..... Cordtown Dor. Co. Md18. Funeral director..... H. M. Bellair & SonAddress..... Cambridge, Md19. Date rec'd by registrar..... May 17 1947 John G. Gumpf, Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... DorchesterCity or town..... Cambridge (If outside city or town limits, write RURAL and give nearest town)Street No..... 115 Pine Street (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH May 10 1947, at 9:17 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5/10 1947 to 5/10 1947, and that I last saw him alive on 5/10 1947.Immediate cause of death..... Remainder of umbilical cord
Due to..... State of Expectancy July 5, 1947Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)Major findings of operations.....
Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following..... none

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE..... H. B. Blane M. D. or other.....Address..... Cambridge, Md Date signed..... May 10, 1947

RECEIVED

MAY 16 1947

BY MAIL

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

159

04002

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County..... Dorchester

City or town..... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Several hrs

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Cambridge Md Hospital

How long in hospital or institution?

Several hrs

3. (a) FULL NAME

2nd Baby Wilson

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male Negro

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo. day, yr.)

May 10 1947

8. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

Several hrs

hrs. min.

9. Birthplace.....

Cambridge Md

(Town, County, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name..... Francis Wilson

13. Birthplace..... Cambridge, Dor. Co. Md

14. Maiden name..... Cursel Elliott

15. Birthplace..... Cambridge, Dor. Co. Md

Francis Wilson

16. Informant..... Cambridge Dor. Co. Md

Burial

(Burial, cremation, or removal. Which?)

Date thereof..... May 12 1947

(month) (day) (year)

Cemetery or crematory..... Cordforsen

Location..... Cordforsen Dor. Co. Md.

18. Funeral director..... M. M. Sollair

Address..... Cambridge Md

19. (Date rec'd by registrar) May 17 1947

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Dorchester

City or town..... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 115 Pine Street

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 11 1947 at 4:20 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

5/10

1947 to

1947

and that I last saw h. f. alive on

5/11

1947

Immediate cause of death.....

Immaturity and

Prematurity

Due to..... date of expectant birth July 1947

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following.

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or other

Address..... Cambridge Md

Date signed..... May 11 1947

RECEIVED

MAY 16 1947

BY HEADQUARTERS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04003

131a

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Lakesville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred: Lakesville

How long in hospital or institution? -

3. (a) FULL NAME

Mary Catherine Wroten

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

Chas. Edward Wroten

Died 1/27/1945

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Dec. 6, 1871

8. AGE:

Years

Months

Days

If less than one day

75

5

4

hrs.

min.

9. Birthplace Lakesville, Dor. Co., Md.

(Town, county, and state)

10. Usual occupation -

11. Industry or business -

12. Name George W. Willey

13. Birthplace Maryland

14. Maiden name Mary E. Foxwell

15. Birthplace Maryland

16. Informant Mrs. Sangston Dixon

Address Lakesville, Maryland.

17. Burial Date thereof May 12, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Haddaway Cemetery

Location Lakesville, Dor. Co., Md.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. May 12, 1947

(Date rec'd by registrar)

James J. Magee
Registrar
LOCAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Lakesville

(If outside city or town limits, write RURAL and give nearest town)

Street No. Lakesville

(If rural, give LOCATION)

2.(a) If veteran, name war -

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10, 1947, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 4, 1947, to May 10, 1947, and that I last saw him alive on May 10, 1947.

Immediate cause of death

Hypertension and
Cerebral Hemorrhage.

Due to

Cerebral Vascular
disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE James J. Magee M.D.

M. D. or other

Address Fishing Creek Date signed May 12, 1947

RECEIVED

MAY 17 1947

LIBRARY 13